

OUTSIDE EMPLOYMENT/CONSULTING

The Laboratory's policy requires that all full-time or part-time employees **prior** to engaging in any outside employment, consulting or similar activity (including those activities performed without any monetary compensation), employees are to obtain the written approval of Kay Van Vreede, Head, Workforce Development and Resources Section.

This notification is for the purpose of determining whether any actual or apparent conflict of interest may exist. Laboratory employees are entitled to pursue outside employment. However, the outside employment may not (a) interfere with the proper and effective performance of the employee's position with the Laboratory, nor (b) create a conflict of interest situation as described in FRA's policy <http://wdrs.fnal.gov/policies/policy/standardsconduct.html>.

In order to meet our obligations, we are requesting information regarding any outside employment activity engaged in by FRA-Fermilab employees.

Please complete and sign the following statement and return it to Christine Johnson, Workforce Development and Resources Section, WH15W, MS 107. Please note: You are also required to notify Christine Johnson of any change in your outside employment status in the future.

-
- ☐ I am engaged in outside employment, Consulting or similar activity.
- ☐ Not engaged

Employer: _____

Title and Description of Employment (*including dates*): _____

Please answer the following questions regarding the above employment.

1. Are you an owner, partner, director, or officer of any business that supplies, or seeks to do business with FRA? _____ Yes _____ No

2. Are you or the named employer engaged in any activity that supplies, or seeks to do business with FRA? _____ Yes _____ No
3. Do you know of any other appearance of potential conflict or personal conflict of interests under FRA's policy involving you? _____ Yes _____ No
4. Is your employment in the Atomic Energy field? _____ Yes _____ No

IF YOU ANSWER YES TO ANY OF THE ABOVE, PLEASE EXPLAIN AT THE BOTTOM OF THIS FORM.

Print Name: _____ I.D. No.: _____

Signature: _____ Date: _____

Job Title: _____

Supervisor: _____ Date: _____

Approved: _____ Date: _____

Kay Van Vreede

Head, Workforce Development and Resources Section